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THE EVOLVING ROLE OF THE FAMILY PHYSICIAN

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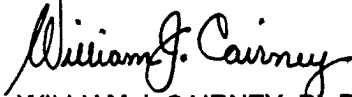
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A handwritten signature in cursive script, reading "William J. Cairney".

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THE EVOLVING ROLE OF THE FAMILY PHYSICIAN

ABSTRACT

The universal role of the physician has been outlined and generally recognized for centuries. Codified most clearly in the Hippocratic Oath (5th Century B.C.), the World Health Organization (1948) succinctly defined the role of the physician as the promotion of the health of an individual, health being defined as the absence of disease and infirmity, and the presence of physical, mental and social well-being. Added to that, however, and within that general framework, the family practitioner has a specific and recognized set of skills. Skills now necessary to fulfill the emerging role of the family practitioner include problem differentiation, chronic disease management, preventive care, education (peer and patient), and research. As medical technology and therapeutics develop at an exponential rate, it is essential that family practitioners participate in this development to assure appropriate application to the patient populations they serve.

INTRODUCTION

With the advent of board certification in Family Practice, the family practitioner was recognized as possessing specific and specialized skills in providing care to his or her patients. These skills have since been promoted not only through re-certification examinations and continuing medical education requirements, but also through the development of formal residency training in family medicine. Yet with the rapidly changing face of health care, the roles and skills of the family physician have often become blurred and confused. The following article reviews the role(s) of the family practitioner and describes methods by which these roles can be taught in a clinical and educational setting.

THE ROLE OF THE FAMILY PRACTITIONER: THE UNIVERSAL ROLE(S) OF ALL PHYSICIANS

The role of the family physician cannot be approached without first reviewing the roles *all* physicians should strive to achieve. The universal roles of the physician have been outlined for centuries, but are perhaps best summarized in the Hippocratic Oath¹. In this oath the physician agrees to take on the role of medical educator to others wishing to pursue medicine as a career and to treat all patients in a manner that is in their best interest and brings them no harm. In 1948, the World Health Organization defined the role of the physician as one which promotes the health of the individual, health being "the absence of disease and infirmity, and the presence of physical, mental and social well-being."²

To accomplish these specific goals, the physician must serve as an educator and a medical provider. Traditionally, physicians have openly shared their medical discoveries and observations and have taught their techniques to future physicians. Family physicians should therefore continue to promote the education of medical students and residents, as well as participate in the education of their colleagues. In so doing, family physicians not only ensure medical knowledge will be forwarded to future generations, but also promote medical discussion and research. As medical technology and therapeutics continue to develop at an exponential rate, it is essential that the family physician participate in this development to assure that these discoveries truly help the majority of the population seen by them. Although medical technology often is generated at the university or tertiary medical center, it is estimated that the patients seen in these institutions reflect less than one-tenth of one percent of our patient population.³

As a medical provider, the family physician is responsible for preventing premature death, premature disability, and promoting wellness. These goals often can be accomplished only through the establishment

of a long term patient-physician relationship through which the individual's particular needs are identified and then addressed. For example, in the care of a hypertensive patient, the family physician is not simply charged to prescribe a particular anti-hypertensive agent, but to sequentially follow and monitor that patient for the development of heart disease, peripheral vascular disease and renal disease. In following the patient for these developments, the family physician can then develop specific interventions which slow or halt the progression of these potentially life-threatening or organ-threatening complications. In promoting well-being, the physician takes on the role of a consultant, and often "coach," to encourage his or her patient to pursue healthy habits and to encourage a healthy mental outlook.

THE ROLE OF THE FAMILY PRACTITIONER: THE FAMILY PHYSICIAN

Perhaps no single identity has suffered more confusion than that of the "family" physician. Traditionally this term conveyed that a family physician cared for the patient and his or her entire family. Charts were often filed by *family* instead of alphabetically. This allowed the physician to look quickly at the family interactions that might influence the patient's health and help identify disease traits in a particular family. Unfortunately, the complexity of medical care has made it increasingly difficult for the family physician to be an expert in all forms of care, whether it be pediatrics, geriatrics or women's medicine. In response, many family physicians now limit their practice to a particular patient population, or no longer provide obstetrical care or pediatric care. This trend also has been exaggerated through private insurance plans that dictate members of the same immediate family must see different medical providers.

How can the family physician, then, serve the *family*? First, the family physician can obtain a family history for his or her patient and determine familial traits in disease and health. Although this has always been a part of every medical history, it is becoming increasingly important in this age of cost-containment where medical surveillance and screening tests are now based on patient risk factors. Case in point is treadmill testing in males over forty. In the past, treadmill screening was promoted for all males over forty. Now it is recommended based on personal risk factors including a family history of heart disease or inherited hyperlipidemia. As the human genome project uncovers the genetic basis for an increasing number of diseases, family medical history will become a more important aspect of promoting individual health.

Secondly, the family physician can investigate how family dynamics affect the health of the patient. The physician who meets great patient resistance in controlling blood sugar may find such resistance is based upon the patient's having already outlived every other member of his or her family and that such medical prudence is therefore not necessary. The family's diet may explain one patient's hypercholesterolemia; a dysfunctional and abusive household may explain a child's chronic abdominal pain. Although the treating physician may not care for the entire family, he or she can still evaluate how the family influences patient health.

Finally, the family physician may use knowledge of one family member to recommend care for other family members. We recently cared for a patient who suffered from a congenital thoracic aneurysm. On further questioning, the patient stated a strong family history of aneurysm in his brothers and parents; screening was recommended for his sons. Although the sons did not live in the immediate area, and one lived out of state, we could still arrange for their physicians to screen them for congenital thoracic aneurysmal disease.

THE ROLE OF THE FAMILY PRACTITIONER: THE FAMILY PHYSICIAN AS PRIMARY CARE PROVIDER

As a primary care provider, the family physician has the role of being a patient's primary contact to the medical system. For a new complaint, the family physician is often the first doctor a patient sees, and the problem is often poorly differentiated¹. The primary role of the physician in this case is to begin to evaluate that problem in an efficient and cost effective manner. This contrasts with the medical specialist who sees

the patient once the problem has been evaluated and defined. For example, a fifty year old male presenting to his family physician with a complaint of chest pain could have a number of medical conditions. By the time that patient has reached the cardiologist, it already has been established that he has a high likelihood of coronary artery disease, and that the cardiologist should concentrate on that area of care and management.

As a primary care provider, the family physician also must be trained to handle medical urgencies and emergencies. Although emergency care through a local hospital is becoming increasingly available even in rural areas, patients often present to their family doctors' offices with emergent conditions, primarily because they know their doctor and their doctor knows them. Family physicians must then know how best to handle emergencies given their local resources.

Finally, as primary care providers, family physicians must be familiar with first line preventive care and chronic disease management. Specialty care in these fields is expensive and often cannot afford the personalized touch of the family physician. The family physician can identify the individual needs of his or her patients and tailor make a preventive or disease management program. Knowledge of the patient's family members and family health characteristics also can help the family physician to recognize potentially life or organ-threatening diseases in an early stage or help the physician better understand how a chronic disease may progress.

THE ROLE OF THE FAMILY PRACTITIONER: ENVIRONMENTAL FACTORS AFFECTING MEDICAL PRACTICE

As mentioned earlier, one of the growing problems facing all family physicians is that they cannot be everything to everyone. There are a number of outside forces influencing just how a physician can practice medicine, including: 1) The local health care organizational structure; 2) The development of medical technology and therapeutics; and 3) Local community needs.

Increasingly, the structure of the local health care system has influenced the delivery of care by the family physician. In some markets the family physician is assigned the primary role of "gate keeper" - a role designed to help contain medical costs. In vertical integration systems, the family physician is responsible for providing specific medical services and supervising care given by mid-levels and health care nurses. In some managed care organizations, the care provided by a family physician is dictated by how the *system* determines it can best provide twenty-four hour care to its patient population. Family practice care may thus be broken into minor emergency care, chronic care, and hospitalist team care, all separate services which are made available to the local community around the clock.

Also as stated earlier, medical technology and development have had a profound impact on modern day family practice. The family physician often must assume the role of "broker" for these new developments, thus charged with determining which new treatment or diagnostic test is best. The decision is often difficult as the family physician must factor in cost, efficacy, and safety profile. Because these decisions must be made while running a full-time practice, family physicians are increasingly choosing to serve a particular subset of patients, say women patients or geriatric patients, to make decision making more manageable.

Perhaps the greatest force dictating family practice is community medical need. Certainly the rural physician practices differently than the inner city physician, but this is not due to a difference in medical skills nor knowledge. The rural physician must base his or her medical care on the local infectious diseases, the occupational injuries in the area, and the types of chronic illnesses in the community. The urban physician must go through the same process. The difference in care is not based on individual skills but on the differing community needs.

UNIVERSAL SKILLS OF THE FAMILY PHYSICIAN

Certainly the roles outlined above provide a lot of latitude for individual practicing family physicians. However, in reviewing these roles a number of generalized skills emerge which apply to a variety of environmental settings.

Problem differentiation. As both a primary care expert and recognizer of potentially life-threatening and disabling diseases, the family physician must be skilled at problem differentiation. He or she must be able to take a patient complaint or problem (e.g., an abnormal liver panel result) and logically and efficiently evaluate that complaint as it pertains to that individual's health. Such a process demands that the physician have a strong medical knowledge from which to recognize serious disease states, and also possess skills necessary to work through a medical problem in a logical sequence.

Chronic Disease Management. In managing chronic disease states, the family physician must be familiar with defining the severity of disease (e.g. mild, moderate, or severe Chronic Obstructive Pulmonary Disease), able to recognize and monitor organs affected by the disease, and able to address functional status. These skills are shared by the role of primary care provider and the physician role of preventing premature death and disability.

Preventive Care. Preventive care is the means by which a family physician can detect disease early and/or prevent disease from occurring. As a primary care provider, it is often the family physician who provides initial interventions (e.g. immunizations, patient education) and secondary preventive care in the form of disease screening (e.g. cancer screening). In promoting a sense of well-being, the family physician encourages a patient to participate actively in his or her own personal health care needs and helps determine individual health care goals. In this age of cost containment and patient management, preventive care has proven the most cost-effective means of maintaining health.

Educator. As Hippocrates stated in his medical oath, the physician shall openly share his medical knowledge with those who wish to become physicians. This skill is imperative in an age of rapid medical development and is the means by which medical discovery can be most effectively shared. This role also should be expanded to the educating of patients, thus encouraging patients to be active participants in their own medical care. This not only reduces medical costs, but better defines the goal of wellness.

Researcher. Family practice research involves the application of medical knowledge to the health care of a physician's patient population. This may entail the study of a medication or specific treatment on a sample patient population or it may involve a study of disease prevalence in a physician's practice along with the development of a specific intervention program. In each case the intention is to improve the individual and group health of the patient population and improving the physician's ability to meet the evolving roles outlined above.

SUMMARY

The role of the family physician has undergone dramatic changes in the few short years of specific certification in this field. These changes have been due primarily to the influence of outside forces on the delivery of medical care. However, despite these forces, universal objectives exist for the family physician. These should serve as the driving force behind family practice and the education of family practice residents.

These roles represent those that all physicians should assume, as defined through centuries of medical care. The role of the family doctor, and primary care provider represent added dimensions. In filling these roles, the family physician needs to develop specific skills in problem differentiation, chronic disease management, preventive care, education and research. Refining these skills ensures that the family physician can truly serve the health care needs of his or her patient population.

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